



	Jobs		Applicants	
	Total Direct Beneficiaries	Hispanic Direct Beneficiaries	Total Direct Beneficiaries	Hispanic Direct Beneficiaries
White:				
Black/African American:				
Asian:				
American Indian/Alaskan Native:				
Native Hawaiian/Other Pacific Islander:				
American Indian/Alaskan Native & White:				
Asian & White:				
Black/African American & White:				
Am. Indian/Alaskan Native & Black/African Am.:				
Asian & Native Hawaiian/Other Pacific Islander:				
All Others:				
<b>TOTAL</b>				
Female Head of Household:				
Handicapped (Disabled):				
Elderly:				
Immediate Prior Unemployment				

D. Amount of private investment documented: \_\_\_\_\_

E. Amount of grantee cash match documented: \_\_\_\_\_

F. Amount of grantee in-kind match documented: \_\_\_\_\_

### 3. Program Income (Loan Only)

A. Terms of loan: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
no. of years                      interest rate                      no. of installments

B. Payable: \_\_\_\_\_ / First Installment Due: \_\_\_\_\_  
monthly, semi-annually, annually                      date

C. Option exercised by grantee regarding program income at time of funding (check one):

- \_\_\_\_ 1) Return all program income to State  
\_\_\_\_ 2) Return principal to State; retain interest  
\_\_\_\_ 3) Retain all program income

D. Repayments made to date: \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_  
principal                      interest                      total

E. Amount on hand (not spent): \_\_\_\_\_

F. Name of contact person regarding program income:

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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Name of Grantee's Chief Elected Official

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Signature of Grantee's Chief Elected  
Official

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Date

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Name of Company's Chief Executive  
Officer

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Signature of Company's Chief Executive  
Officer

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Date